OATENT ADDITIONATED DETERMINATION OFFICE									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECOI								10731889				
CLAIMS AS FILED - PART I SMALL ENTITY OTHER TH. (Column 1) (Column 2) TYPE OR SMALL ENT												
TOTAL CLAIMS			7	,				RATE	FEE	٣.	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		·	B'ASIC F	EE 385.0	OR		1
TOTAL CHARGEABLE CLAIMS			minus 20=		• .			XS 9=		OR	XS18=	
INDEPENDENT CLAIMS			, in	ninus 3 =	•			X43=		┨¨`	Vac	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT						- -			
• 11	the difference	e in column 1 is	ero, enter	*0* in (0 in column 2 +145				JOR	+290=		
* If the difference in column 1 is less than zero, enter "O" in column 2 TOTAL OR TOTAL OTHER TO											770	
(Column 1) (Column 2) (Column 3)								SMALI	L ENTITY	ÓR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EA USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.]	RATE	ADDI- TIONAL FEE
	Total	• ;7	Minus	••				XS 9=	1	OR	X\$18=	\ FE
	Independent	•	Minus	***		=	ŀ	X43=	+	1	X85=	\-
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM				+-	OA		+
·								+145=		OR	+290≖	
Λ	mH						A	DOIT. FE		JOR ,	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colum HIGHE	ST				1,000			
8 2	6-29-06	REMAINING AFTER		NUMB PREVIO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL	N	RATE	ADDI- TIONAL
AMENDMENT	Total	AMENDMENT	Minus	PAID F	OA ·		-		FEE	1 1		FEE
	Independent	. /	Minus		5		L	X\$ 9= \	\	OR	X\$18=	
₹	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DE		PENDENT CLAIM			X43=		17	OR	XB6=	
								+145 =	`	Oβ	+290=	
										OR	TOTAL DOTT. FEE	4
		(Column 1)		(Column		(Column 3)	•	OT. FEE			opreca	
MEN	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	•	Minus	***				X\$ 9=	166		X\$18=	FEE_
	Independent		Minus	***		<u> </u>	·			OR		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	MIAJ		F	X43=		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											-	
-#	the "Highest Nurr	iber Previously Pair	d For IN THIS	SPACE is to	ees then	20 enter "20 "	ADI	TOTAL DIT. FEE	•	OR A	TOTAL DOTT. FEE	
T	he Highest Numb	nber Previously Paid per Previously Paid	For (Total or	arace is k Independent	is the h	u, emer 3." Lighest number (propriate box			